

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 92

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Lucia Guerra
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Dec 13 1929
Month Day Year

8. FATHER Full name John Guerra 14. MOTHER Full maiden name Rutha Cuevas
9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 92 (Years) 16. Color or race Mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Christus 18. Birthplace (city or place) Bealdington
(State or country) Ariz. (State or country) Ariz.

13. Occupation Laborer 19. Occupation House wife
Nature of industry Nature of industry

20. Number of children of this mother _____ (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6:00 p m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hurd (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Ariz
Month, day, year

Filed Dec 14 1929 4572 W. H. Hurd Registrar

Registrar

371-1213-752